BRIEF TITLE	APPROVAL DEADLINE	REASON
Annual Requirements for Traffic Signal Mast Arms and Poles as per Bid No. 10-254		Multiple Year Contract - 4 years

DETAILS

POSITIONS/RECOMMENDATIONS

DETAILS	POSITIONS/RECOMMENDATIONS	
Resolution to provide **Annual Requirements for Traffic Signal Mast Arms and Poles as per Bid No. 10-254** for four (4) years beginning at the execution of the contract. This commodity will be used by Public Works & Utilities \Engineering Services for purchasing of Traffic Signal Mast Arms and Poles as needed. The estimated cost is $265,161.00 for a total of $1,060,644.00 for the four (4) year period.	Sponsor	Purchasing
	Program Departments, or Groups Affected	Public Works & Utilities \ Engineering Services
	Applicants/ Proponents	Applicant: Purchasing City Department: Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommend.	❏ For ❏ Against Reason Against
	Board or Commission Recommend.	BY ❏ For ❏ Against ❏ No Action Taken ❏ For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	❏ Pass ❏ Pass (As Amended) ❏ Council Sub. ❏ Without Recommendation ❏ Hold ❏ Do not Pass

DETAILS	POLICY/PROGRAM IMPACT	
Resolution to provide **Annual Requirements for Traffic Signal Mast Arms and Poles as per Bid No. 10-254** for four (4) years beginning at the execution of the contract. This commodity will be used by Public Works & Utilities \Engineering Services for purchasing of Traffic Signal Mast Arms and Poles as needed. The estimated cost is $265,161.00 for a total of $1,060,644.00 for the four (4) year period.	**POLICY OR PROGRAM CHANGE**	X NO ❑ YES _____ _____ _____
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____
	FINANCES	
	COST AND REVENUE PROJECTIONS	COST of total project: $ COST of this Ordinance/ Resolution $
		RELATED annual operating Costs $
		INCREASE REVENUE EXPECTED/YEAR $
	SOURCE OF FUNDS	CITY [Approximately] _____$_____%___ _____$_____%___ _____$_____%___ NON CITY [Approximately] _____$_____%___ _____$_____%___ _____$_____%___
	BENEFIT COST ❑ Front Foot ❑ Square Foot	$_____ Average Assessment $_____

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER